

L99000006054

Montana Brothers, L.L.C.
Requestor's Name

Address

City/State/Zip Phone #

700002994717--6
-09/23/99--01039--009
****285.00 ****285.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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(Corporation Name) (Document #)
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- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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TALLAHASSEE, FLORIDA

Examiner's Initials 

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

**MONTANARO BROTHERS, L.L.C.
DBA
MONTANARO ENTERPRISES, L.L.C.**

ARTICLE II ADDRESS

**THE MAILING ADDRESS AND STREET ADDRESS OF THE PRINCIPAL OFFICE
OF THE LIMITED LIABILITY COMPANY IS: 4113 HENDERSON BLVD.
TAMPA, FL. 33629**

ARTICLE III DURATION

**THE PERIOD OF DURATION FOR THE LIMITED LIABILITY COMPANY
SHALL BE; PERPETUAL**

ARTICLE IV STATEMENT OF PURPOSE

**PURPOSES: TO ENGAGE IN THE INVESTMENT BUSINESS, WHICH
WILL INCLUDE THE OPERATIONS OF INVESTMENT PROPERTY. THE FOREGOING
PURPOSES AND ACTIVITIES WILL BE INTERPRETED AS EXAMPLES ONLY AND NOT
AS LIMITATIONS, AND NOTHING THEREIN SHALL BE DEEMED AS PROHIBITING THE
LLC FROM ENGAGING IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH AN LLC MAY
BE ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA.**

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ARTICLE V MANAGEMENT

THE LIMITED LIABILITY COMPANY IS TO BE MANAGED BY THE MEMBERS
AND THE NAMES AND ADDRESSES OF THE MANAGING MEMBERS ARE:

ANGELO C. MONTANARO 262-13-8908
485 W. DAVIS BLVD.
TAMPA, FL. 33606

ANTHONY MONTANARO 262-13-8902
8981 CYPRESS CIRCLE
NORTH ROYALTON, OH 44133

BEVERLY MONTANARO 278-50-7249
8981 CYPRESS CIRCLE
NORTH ROYALTON, OH 44133

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ARTICLE VI MEMBERS RIGHTS TO CONTINUE BUSINESS

THE RIGHT IF GIVEN OF THE REMAINING MEMBERS OF THE LIMITED LIABILITY COMPANY TO CONTINUE THE BUSINESS ON THE DEATH, RETIREMENT, RESIGNATION, EXPULSION, BANKRUPTCY, OR DISSOLUTION OF A MEMBER OR THE OCCURRENCE OF ANY OTHER EVENT WHICH TERMINATES THE CONTINUED MEMBERSHIP OF A MEMBER IN THE LIMITED LIABILITY COMPANY.

ARTICLE VII AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

**THE UNDERSIGNED MEMBER OR AUTHORIZED REPRESENTATIVE OF A
MEMBER OF PIONEER AMUSEMENTS, L.L.C. CERTIFIES:**

- 1. THE ABOVE NAMED LIMITED LIABILITY COMPANY HAS AT LEAST ONE MEMBER,**

2. THE TOTAL AMOUNT OF CASH CONTRIBUTED BY THE MEMBERS ARE:

ANGELO C. MONTANARO \$ 20,000.

ANTHONY MONTANARO \$ 10,000.

BEVERLY MONTANARO \$ 10,000.


3. IF ANY THE AGREED VALUE OF PROPERTY OTHER THAN CASH CONTRIBUTED BY MEMBERS IS \$ 0

4. THE TOTAL AMOUNT OF CASH AND PROPERTY CONTRIBUTED AND ANTICIPATED TO BE CONTRIBUTED BY MEMBERS IS \$ 40,000.


ANGELO C. MONTANARO

(IN ACCORDANCE WITH SECTION 608.4083 FLORIDA STATUTES, THE EXECUTION OF THIS AFFIDAVIT CONSTITUTES AN AFFIRMATION UNDER THE PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.)

X 
ANTHONY MONTANARO

X 
BEVERLY MONTANARO

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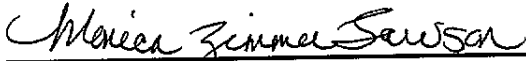
FILING FEE : \$250.00 FOR ARTICLES AND AFFIDAVIT

PURSUANT OT THE PROVISIONS OF SECTION 608.415 O R 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. THE NAME OF THE LIMITED LIABILITY COMPANY IS: **MONTANARO BROTHERS,
L.L.C.**
2. THE NAME AND THE FLORIDA STREET ADDRESS OF THE REGISTERED AGENT ARE;

MONICA ZIMMER LAWSON
ZIMMER & LAWSON ACCOUNTING SERVICE
2403 STATE STREET
TAMPA, FLORIDA 33609

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS
FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED
IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED
AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY
WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE
PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEP THE
OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



MONICA ZIMMER LAWSON

FILING FEE \$35.00 FOR DESIGNATION OF REGISTERED AGENT

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